

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS

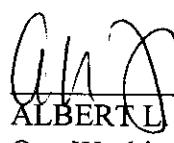
AMY RIVERA, ADMINISTRATRIX OF	)	2004 JAN 15 P 12:02
THE ESTATE OF SHADIAMAN HUACON,	)	
ESSEX PROBATE COURT DOCKET	)	U.S. DISTRICT COURT
#02P-1675AD1	)	DISTRICT OF MASS.
<u>Plaintiff</u>	)	Docket #03CV-12435RWZ
	)	
v.	)	
	)	
UNITED STATES OF AMERICA,	)	
<u>Defendant</u>	)	

**PROOF OF SERVICE**

On December 16, 2003, I mailed a copy of the complaint, civil action cover sheet and summons to the defendant United States of America, postage prepaid, by certified mail, return receipt requested to the United States Attorney for the District of Massachusetts, Michael Sullivan, United States District Court, One Courthouse Way, Boston, MA 02210 and John Ashcroft, United States Attorney General, U.S. Department of Justice, 950 Pennsylvania Avenue, NW, Washington, D.C. 20530-0001. The return receipts and summons are attached.

Signed under the penalties of perjury this 13 day of January, 2004.

Plaintiff  
By her attorneys,

  
ALBERT J. FARRAH, JR., ESQ.  
 One Washington Mall  
 Boston, MA 02108  
 (617) 742-7766  
 B.B.O. #159340

<b>SENDER</b>		<b>RECIPIENT</b>	
<p><b>A. Signature</b></p> <p>X</p> <p><b>B. Received by (Printed Name)</b></p> <p><b>C. Date of Delivery</b></p>			
<p><b>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</b></p> <p>DEC 29 2003</p>			
<p><b>E. Service Type</b></p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>			
<p><b>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</b></p>			
<p><b>2. Article Number</b>  <em>(Transfer from service label)</em> 7000 1670 0000 7500 3776</p>			
<p>PS Form 3811, August 2001</p>			
<p>Domestic Return Receipt 102595-02-M-1540</p>			

<b>SENDER</b>		<b>RECIPIENT</b>	
<p><b>A. Signature</b></p> <p>X <i>Michael Sullivan</i></p> <p><b>B. Received by (Printed Name)</b></p> <p><b>C. Date of Delivery</b></p>			
<p><b>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</b></p>			
<p><b>E. Service Type</b></p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>			
<p><b>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</b></p>			
<p><b>2. Article Number</b>  <em>(Transfer from service label)</em> 7000 1670 0000 7500 3769</p>			
<p>PS Form 3811, August 2001</p>			
<p>Domestic Return Receipt 102595-02-M-1540</p>			